

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/02/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CHELSEA HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 CHELSEA LANE</b> <b>WILMINGTON, NC 28409</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on April 2, 2026. The complaint was unsubstantiated (intake #NC00236512). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of an audit of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 4/2/26 of the facility's documented fire and disaster drills for 10/1/25 - 3/31/26 revealed:</p> <ul style="list-style-type: none"> <li>- First quarter (1/1/26 - 3/31/26); no first shift fire drill, or third shift disaster drill documented.</li> <li>- Fourth quarter (10/1/25 - 12/31/25); no third shift disaster drill documented.</li> </ul> <p>Interview on 4/2/26 client #1 stated:</p> <ul style="list-style-type: none"> <li>-She practiced fire and disaster drills.</li> <li>-She went outside for fire drills.</li> <li>-She stayed inside for disaster drills.</li> </ul> <p>Interview on 4/2/26 client #2 stated:</p> <ul style="list-style-type: none"> <li>-She had completed fire drills and disaster drills.</li> </ul> <p>Interview on 4/2/26 the Program Director stated:</p> <ul style="list-style-type: none"> <li>- There were 3 shifts throughout the week.</li> <li>- 1st shift was 7am - 3pm.</li> <li>- 2nd shift was 3pm - 11pm.</li> <li>- 3rd shift was 11pm - 7am.</li> <li>- She would ensure that all shifts were covered in fire and disaster drills.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		